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## APPLICANTS

Van D. McCain, Ruston, LA;

Jeffery R. Simmons, Ruston, LA;

## \*\* CONTINUING DATA \*\*\*\*\*

*None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 04/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	LA	DRAWING 3	18	4
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

## ADDRESS

John M. Harrison  
 2139 E. Bert Kouns  
 Shreveport , LA  
 71105

## TITLE

Alternator cover shield

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